

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing

Small PHA Plan Update
Annual Plan for Fiscal Year: **2001**

**NORTH WILKESBORO
DEPARTMENT OF HOUSING AND
COMMUNITY DEVELOPMENT**

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**NOTE: THIS PHA PLANS TEMPLATE (HUD 50075) WAS COMPLETED IN ACCORDANCE
WITH INSTRUCTIONS LOCATED IN APPLICABLE PIH NOTICES**

**PHA Plan
Agency Identification**

PHA Name: North Wilkesboro Department of Housing and Community Development

PHA Number: NC069

PHA Fiscal Year Beginning: (mm/yyyy) 07/2001

PHA Plan Contact Information:

Name: **Joseph M. Alston, Executive Director**

Phone: **336-667-3203**

TDD:

Email (if available): **nwdhcd@wilkes.net**

Public Access to Information

Information regarding any activities outlined in this plan can be obtained by contacting:
(select all that apply)

- ☒ Main administrative office of the PHA
☐ PHA development management offices

Display Locations For PHA Plans and Supporting Documents

The PHA Plans (including attachments) are available for public inspection at: (select all that apply)

- ☒ Main administrative office of the PHA
☐ PHA development management offices
☐ Main administrative office of the local, county or State government
☐ Public library
☐ PHA website
☒ Other (list below)

Community Resource Center

PHA Plan Supporting Documents are available for inspection at: (select all that apply)

- ☒ Main business office of the PHA
☐ PHA development management offices
☐ Other (list below)

PHA Programs Administered:

- ☐ Public Housing and Section 8 ☐ Section 8 Only ☒ Public Housing Only

Annual PHA Plan Fiscal Year 2001

[24 CFR Part 903.7]

i. Table of Contents

Provide a table of contents for the Plan, including attachments, and a list of supporting documents available for public inspection. For Attachments, indicate which attachments are provided by selecting all that apply. Provide the attachment's name (A, B, etc.) in the space to the left of the name of the attachment. If the attachment is provided as a **SEPARATE** file submission from the PHA Plans file, provide the file name in parentheses in the space to the right of the title.

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<input checked="" type="checkbox"/> Attachment <u>A</u> : Supporting Documents Available for Review	
<input checked="" type="checkbox"/> Attachment <u>B</u> : Capital Fund Program Annual Statement 2001	
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<input checked="" type="checkbox"/> Attachment <u>H</u> : Resident Membership on PHA Board or Governing Body	
<input checked="" type="checkbox"/> Attachment <u>I</u> : Membership of Resident Advisory Board or Boards	
<input checked="" type="checkbox"/> Attachment <u>J</u> : Comments of Resident Advisory Board or Boards & Explanation of PHA Response (must be attached if not included in PHA Plan text)	
<input checked="" type="checkbox"/> Other (List below, providing each attachment name)	
Attachment C : Capital Fund Program Annual Statement 2000	
Attachment D : CIAP Annual Statement 1999	
Attachment E : Original 5-Year Action Plan for Capital Fund	
Attachment K : Resident Survey Follow-up Plan	
Attachment L : Pet Policy	
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ii. Executive Summary

[24 CFR Part 903.7 9 (r)]

At PHA option, provide a brief overview of the information in the Annual Plan

1. Summary of Policy or Program Changes for the Upcoming Year

In this section, briefly describe changes in policies or programs discussed in last year's PHA Plan that are not covered in other sections of this Update.

a. Pet Policy

The North Wilkesboro Department of Housing and Community Development (NWDHCD), as required by Section 526 of the Quality Housing and Work Responsibility Act (QHWRA), will permit public housing residents to have a domesticated pet within the conditions and guidelines as stated in the adopted policy.

b. Flat Rents

The North Wilkesboro Department of Housing and Community Development (NWDHCD), as required by 24 CFR 960.253 Choice of Rent, is eliminating the ceiling rent that presently exist and is converting to flat rents. Public housing residents are given an opportunity to choose between two methods for determining the amount of tenant rent payable monthly by the family. Those choices being flat rent or income-based rent which is explained in more detail in the attachment.

c. Community Service Program

The North Wilkesboro Department of Housing and Community Development in complying with the Quality Housing and Work Responsibility Act of 1998 and more specifically Sections 960.605, and 960.607: Community Service and Self-Sufficiency Requirements, has establish a policy to that effect. All residents who are 18 years of age and older and are not exempt under the exemptions defined in the Part 960.6 shall be required to perform eight (8) hours of community service each month.

2. Capital Improvement Needs

[24 CFR Part 903.7 9 (g)]

Exemptions: Section 8 only PHAs are not required to complete this component.

A. ☒ Yes ☐ No: Is the PHA eligible to participate in the CFP in the fiscal year covered by this PHA Plan?

B. What is the amount of the PHA's estimated or actual (if known) Capital Fund Program grant for the upcoming year? \$ 376,516

C. ☒ Yes ☐ No Does the PHA plan to participate in the Capital Fund Program in the upcoming year? If yes, complete the rest of Component 7. If no, skip to next component.

D. Capital Fund Program Grant Submissions

(1) Capital Fund Program 5-Year Action Plan

The Capital Fund Program 5-Year Action Plan is provided as Attachment F

(2) Capital Fund Program Annual Statement

The Capital Fund Program Annual Statement is provided as Attachment B

3. Demolition and Disposition

[24 CFR Part 903.7 9 (h)]

Applicability: Section 8 only PHAs are not required to complete this section.

1. ☐ Yes ☒ No: Does the PHA plan to conduct any demolition or disposition activities (pursuant to section 18 of the U.S. Housing Act of 1937 (42 U.S.C. 1437p)) in the plan Fiscal Year? (If “No”, skip to next component ; if “yes”, complete one activity description for each development.)

2. Activity Description

Demolition/Disposition Activity Description (Not including Activities Associated with HOPE VI or Conversion Activities)
1a. Development name:
1b. Development (project) number:
2. Activity type: Demolition <input type="checkbox"/> Disposition <input type="checkbox"/>
3. Application status (select one) Approved <input type="checkbox"/> Submitted, pending approval <input type="checkbox"/> Planned application <input type="checkbox"/>
4. Date application approved, submitted, or planned for submission: <u>(DD/MM/YY)</u>
5. Number of units affected:
6. Coverage of action (select one) <input type="checkbox"/> Part of the development <input type="checkbox"/> Total development
7. Relocation resources (select all that apply) <input type="checkbox"/> Section 8 for units <input type="checkbox"/> Public housing for units <input type="checkbox"/> Preference for admission to other public housing or section 8 <input type="checkbox"/> Other housing for units (describe below)
8. Timeline for activity: a. Actual or projected start date of activity: b. Actual or projected start date of relocation activities: c. Projected end date of activity:

4. Voucher Homeownership Program

[24 CFR Part 903.7 9 (k)]

- A. ☐ Yes ☒ No: Does the PHA plan to administer a Section 8 Homeownership program pursuant to Section 8(y) of the U.S.H.A. of 1937, as implemented by 24 CFR part 982 ? (If “No”, skip to next component; if “yes”, describe each program using the table below (copy and complete questions for each program identified.)

B. Capacity of the PHA to Administer a Section 8 Homeownership Program

The PHA has demonstrated its capacity to administer the program by (select all that apply):

- ☐ Establishing a minimum homeowner downpayment requirement of at least 3 percent and requiring that at least 1 percent of the downpayment comes from the family’s resources
- ☐ Requiring that financing for purchase of a home under its section 8 homeownership will be provided, insured or guaranteed by the state or Federal government; comply with secondary mortgage market underwriting requirements; or comply with generally accepted private sector underwriting standards
- ☐ Demonstrating that it has or will acquire other relevant experience (list PHA experience, or any other organization to be involved and its experience, below):

5. Safety and Crime Prevention: PHDEP Plan

[24 CFR Part 903.7 (m)]

Exemptions Section 8 Only PHAs may skip to the next component PHAs eligible for PHDEP funds must provide a PHDEP Plan meeting specified requirements prior to receipt of PHDEP funds.

- A. ☒ Yes ☐ No: Is the PHA eligible to participate in the PHDEP in the fiscal year covered by this PHA Plan?

B. What is the amount of the PHA’s estimated or actual (if known) PHDEP grant for the upcoming year? \$ 52,087

- C. ☒ Yes ☐ No Does the PHA plan to participate in the PHDEP in the upcoming year? If yes, answer question D. If no, skip to next component.

D. ☒ Yes ☐ No: The PHDEP Plan is attached at Attachment G

6. Other Information

[24 CFR Part 903.7 9 (r)]

A. Resident Advisory Board (RAB) Recommendations and PHA Response

1. ☒ Yes ☐ No: Did the PHA receive any comments on the PHA Plan from the Resident Advisory Board/s?
2. If yes, the comments are Attached at Attachment (File name)
3. In what manner did the PHA address those comments? (select all that apply)
 - ☐ The PHA changed portions of the PHA Plan in response to comments
A list of these changes is included
 - ☐ Yes ☐ No: below or
 - ☐ Yes ☐ No: at the end of the RAB Comments in Attachment ____.
 - ☐ Considered comments, but determined that no changes to the PHA Plan were necessary. An explanation of the PHA's consideration is included at the end of the RAB Comments in Attachment ____.
 - ☒ Other: (list below)
RAB did not suggest any changes. Submitted letter of support.

B. Statement of Consistency with the Consolidated Plan

For each applicable Consolidated Plan, make the following statement (copy questions as many times as necessary).

1. Consolidated Plan jurisdiction: State of North Carolina
2. The PHA has taken the following steps to ensure consistency of this PHA Plan with the Consolidated Plan for the jurisdiction: (select all that apply)
 - ☐ The PHA has based its statement of needs of families in the jurisdiction on the needs expressed in the Consolidated Plan/s.
 - ☐ The PHA has participated in any consultation process organized and offered by the Consolidated Plan agency in the development of the Consolidated Plan.
 - ☐ The PHA has consulted with the Consolidated Plan agency during the development of this PHA Plan.
 - ☒ Activities to be undertaken by the PHA in the coming year are consistent with specific initiatives contained in the Consolidated Plan. (list such initiatives below)
 1. Providing affordable rental units 2. Providing affordable purchase units
 3. Providing units free of lead-base paint and other hazards 4. Providing quality housing (units maintained well)
 5. Low vacancy rate
 - ☐ Other: (list below)

3. PHA Requests for support from the Consolidated Plan Agency

☐ Yes ☒ No: Does the PHA request financial or other support from the State or local government agency in order to meet the needs of its public housing residents or inventory? If yes, please list the 5 most important requests below:

4. The Consolidated Plan of the jurisdiction supports the PHA Plan with the following actions and commitments: (describe below)

C. Criteria for Substantial Deviation and Significant Amendments

1. Amendment and Deviation Definitions

24 CFR Part 903.7(r)

PHAs are required to define and adopt their own standards of substantial deviation from the 5-year Plan and Significant Amendment to the Annual Plan. The definition of significant amendment is important because it defines when the PHA will subject a change to the policies or activities described in the Annual Plan to full public hearing and HUD review before implementation.

A. Substantial Deviation from the 5-year Plan: The PHA will make substantial deviations from the 5-year plan only during the annual plan submission process. At which time the changes will be discussed with the members of the resident advisory board, information made available for review and comment by resident population, discussion with Commissioners, public hearing and submission to HUD for review before implementation.

B. Significant Amendment or Modification to the Annual Plan: The PHA will make significant amendments or modifications to the annual plan in the event that situations arise beyond the activities scheduled. At which time the changes will be discussed with the members of the resident advisory board, information made available for review and comment by resident population, discussion with Commissioners, public hearing and submission to HUD for review before implementation.

Attachment A

Supporting Documents Available for Review

PHAs are to indicate which documents are available for public review by placing a mark in the “Applicable & On Display” column in the appropriate rows. All listed documents must be on display if applicable to the program activities conducted by the PHA.

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
X	PHA Plan Certifications of Compliance with the PHA Plans and Related Regulations	5 Year and Annual Plans
	State/Local Government Certification of Consistency with the Consolidated Plan (not required for this update)	5 Year and Annual Plans
X	Fair Housing Documentation Supporting Fair Housing Certifications: Records reflecting that the PHA has examined its programs or proposed programs, identified any impediments to fair housing choice in those programs, addressed or is addressing those impediments in a reasonable fashion in view of the resources available, and worked or is working with local jurisdictions to implement any of the jurisdictions’ initiatives to affirmatively further fair housing that require the PHA’s involvement.	5 Year and Annual Plans
	Housing Needs Statement of the Consolidated Plan for the jurisdiction/s in which the PHA is located and any additional backup data to support statement of housing needs in the jurisdiction	Annual Plan: Housing Needs
X	Most recent board-approved operating budget for the public housing program	Annual Plan: Financial Resources
X	Public Housing Admissions and (Continued) Occupancy Policy (A&O/ACOP), which includes the Tenant Selection and Assignment Plan [TSAP]	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Any policy governing occupancy of Police Officers in Public Housing <input type="checkbox"/> check here if included in the public housing A&O Policy	Annual Plan: Eligibility, Selection, and Admissions Policies
	Section 8 Administrative Plan	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Public housing rent determination policies, including the method for setting public housing flat rents <input type="checkbox"/> check here if included in the public housing A & O Policy	Annual Plan: Rent Determination
X	Schedule of flat rents offered at each public housing development <input type="checkbox"/> check here if included in the public housing A & O Policy	Annual Plan: Rent Determination
	Section 8 rent determination (payment standard) policies <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Rent Determination
X	Public housing management and maintenance policy documents, including policies for the prevention or eradication of pest infestation (including cockroach infestation)	Annual Plan: Operations and Maintenance

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
X	Results of latest binding Public Housing Assessment System (PHAS) Assessment	Annual Plan: Management and Operations
X	Follow-up Plan to Results of the PHAS Resident Satisfaction Survey (if necessary)	Annual Plan: Operations and Maintenance and Community Service & Self-Sufficiency
	Results of latest Section 8 Management Assessment System (SEMAP)	Annual Plan: Management and Operations
	Any required policies governing any Section 8 special housing types <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Operations and Maintenance
X	Public housing grievance procedures <input checked="" type="checkbox"/> check here if included in the public housing A & O Policy	Annual Plan: Grievance Procedures
	Section 8 informal review and hearing procedures <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Grievance Procedures
X	The HUD-approved Capital Fund/Comprehensive Grant Program Annual Statement (HUD 52837) for any active grant year	Annual Plan: Capital Needs
X	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grants	Annual Plan: Capital Needs
	Approved HOPE VI applications or, if more recent, approved or submitted HOPE VI Revitalization Plans, or any other approved proposal for development of public housing	Annual Plan: Capital Needs
	Self-evaluation, Needs Assessment and Transition Plan required by regulations implementing §504 of the Rehabilitation Act and the Americans with Disabilities Act. See, PIH 99-52 (HA).	Annual Plan: Capital Needs
	Approved or submitted applications for demolition and/or disposition of public housing	Annual Plan: Demolition and Disposition
	Approved or submitted applications for designation of public housing (Designated Housing Plans)	Annual Plan: Designation of Public Housing
	Approved or submitted assessments of reasonable revitalization of public housing and approved or submitted conversion plans prepared pursuant to section 202 of the 1996 HUD Appropriations Act, Section 22 of the US Housing Act of 1937, or Section 33 of the US Housing Act of 1937	Annual Plan: Conversion of Public Housing
X	Approved or submitted public housing homeownership programs/plans	Annual Plan: Homeownership
	Policies governing any Section 8 Homeownership program (section _____ of the Section 8 Administrative Plan)	Annual Plan: Homeownership
	Cooperation agreement between the PHA and the TANF agency and between the PHA and local employment and training service agencies	Annual Plan: Community Service & Self-Sufficiency

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
	FSS Action Plan/s for public housing and/or Section 8	Annual Plan: Community Service & Self-Sufficiency
X	Section 3 documentation required by 24 CFR Part 135, Subpart E	Annual Plan: Community Service & Self-Sufficiency
	Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports	Annual Plan: Community Service & Self-Sufficiency
X	The most recent Public Housing Drug Elimination Program (PHDEP) semi-annual performance report	Annual Plan: Safety and Crime Prevention
X	PHDEP-related documentation: <ul style="list-style-type: none"> · Baseline law enforcement services for public housing developments assisted under the PHDEP plan; · Consortium agreement/s between the PHAs participating in the consortium and a copy of the payment agreement between the consortium and HUD (applicable only to PHAs participating in a consortium as specified under 24 CFR 761.15); · Partnership agreements (indicating specific leveraged support) with agencies/organizations providing funding, services or other in-kind resources for PHDEP-funded activities; · Coordination with other law enforcement efforts; · Written agreement(s) with local law enforcement agencies (receiving any PHDEP funds); and · All crime statistics and other relevant data (including Part I and specified Part II crimes) that establish need for the public housing sites assisted under the PHDEP Plan. 	Annual Plan: Safety and Crime Prevention
X	Policy on Ownership of Pets in Public Housing Family Developments (as required by regulation at 24 CFR Part 960, Subpart G) <input checked="" type="checkbox"/> check here if included in the public housing A & O Policy	Pet Policy
X	The results of the most recent fiscal year audit of the PHA conducted under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U. S.C. 1437c(h)), the results of that audit and the PHA's response to any findings	Annual Plan: Annual Audit
	Troubled PHAs: MOA/Recovery Plan	Troubled PHAs
	Other supporting documents (optional) (list individually; use as many lines as necessary)	(specify as needed)

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary					
PHA Name: North Wilkesboro Department of Housing and Community Development		Grant Type and Number Capital Fund Program: <input checked="" type="checkbox"/> Capital Fund Program Replacement Housing Factor Grant No:			Federal FY of Grant: 2001
<input checked="" type="checkbox"/> Original Annual Statement (revision no: 1) <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement					
<input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations	75,303			
3	1408 Management Improvements	36,342			
4	1410 Administration	30,500			
5	1411 Audit	-0-			
6	1415 liquidated Damages	-0-			
7	1430 Fees and Costs	15,000			
8	1440 Site Acquisition	-0-			
9	1450 Site Improvement	-0-			
10	1460 Dwelling Structures	103,762			
11	1465.1 Dwelling Equipment—Nonexpendable	37,166			
12	1470 Nondwelling Structures	78,443			
13	1475 Nondwelling Equipment	-0-			
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary					
PHA Name: North Wilkesboro Department of Housing and Community Development		Grant Type and Number Capital Fund Program: <input checked="" type="checkbox"/> Capital Fund Program Replacement Housing Factor Grant No:			Federal FY of Grant: 2001
<input checked="" type="checkbox"/> Original Annual Statement (revision no: 1) <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement					
<input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
18	1498 Mod Used for Development				
19	1502 Contingency				
20	Amount of Annual Grant: (sum of lines 2-19)	376,516			
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Compliance				
23	Amount of line 20 Related to Security				
24	Amount of line 20 Related to Energy Conservation Measures	-0-	-0-	-0-	-0-

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part II: Supporting Pages								
PHA Name: North Wilkesboro Department of Housing and Community Development		Grant Type and Number Capital Fund Program #: Capital Fund Program Replacement Housing Factor #:				Federal FY of Grant: 2001		
Development Number Name/HA- Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
NC069	Operations	1406		75,303				
	Staff Training	1408		5,000				
	Resident Education/Training	1408		5,000				
	Drug Elimination	1408		23,842				
	Lease-up Advertising	1410	12 months	12,500				
	Staff Salaries	1410		18,000				
	A/E Services	1430		15,000				
	Siding Replacement	1460		44,000				
	Patio Door Replacement	1460		57,137				
	Ground Fault Receptacles	1460		2,625				
	Exhaust Fans/Kitchen	1465.1		10,500				
	Exhaust Fans/Bathrooms	1465.1		10,500				
	Hot Water Heaters	1465.1		13,541				
	Cross Walk Repair	1470		78,443				
	TOTAL			376,516				

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part II: Supporting Pages								
PHA Name: North Wilkesboro Department of Housing and Community Development		Grant Type and Number Capital Fund Program #: Capital Fund Program Replacement Housing Factor #:				Federal FY of Grant: 2001		
Development Number Name/HA- Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)
Part III: Implementation Schedule

[illegible]

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary					
PHA Name: North Wilkesboro Department of Housing and Community Development		Grant Type and Number Capital Fund Program: X NC19P06950100 Capital Fund Program Replacement Housing Factor Grant No:			Federal FY of Grant: 2000
<input type="checkbox"/> Original Annual Statement (revision no: 1) <input type="checkbox"/> Reserve for Disasters/ Emergencies <input checked="" type="checkbox"/> Revised Annual Statement					
<input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations	36,899	73,798		
3	1408 Management Improvements	51,938	45,039		
4	1410 Administration	21,500	32,500		
5	1411 Audit	-0-			
6	1415 liquidated Damages	-0-			
7	1430 Fees and Costs	15,000	15,000		
8	1440 Site Acquisition	-0-			
9	1450 Site Improvement	55,000	58,976		
10	1460 Dwelling Structures	168,657	88,443		
11	1465.1 Dwelling Equipment—Nonexpendable	-0-			
12	1470 Nondwelling Structures	-0-			
13	1475 Nondwelling Equipment	20,000	55,238		
14	1485 Demolition	-0-			
15	1490 Replacement Reserve	-0-			
16	1492 Moving to Work Demonstration	-0-			

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary					
PHA Name: North Wilkesboro Department of Housing and Community Development		Grant Type and Number Capital Fund Program: X NC19P06950100 Capital Fund Program Replacement Housing Factor Grant No:			Federal FY of Grant: 2000
<input type="checkbox"/> Original Annual Statement (revision no: 1) <input type="checkbox"/> Reserve for Disasters/ Emergencies <input checked="" type="checkbox"/> Revised Annual Statement					
<input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
17	1495.1 Relocation Costs	-0-			
18	1498 Mod Used for Development	-0-			
19	1502 Contingency	-0-			
20	Amount of Annual Grant: (sum of lines 2-19)	368,994	368,994		
21	Amount of line 20 Related to LBP Activities	-0-			
22	Amount of line 20 Related to Section 504 Compliance	-0-			
23	Amount of line 20 Related to Security	-0-			
24	Amount of line 20 Related to Energy Conservation Measures	-0-	-0-	-0-	-0-

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part II: Supporting Pages								
PHA Name: North Wilkesboro Department of Housing and Community Development			Grant Type and Number Capital Fund Program #: NC19P06950100 Capital Fund Program Replacement Housing Factor #:			Federal FY of Grant: 2000		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
NC069	Operations	1406		36,899	73,798		-0-	
	Staff Training	1408		5,000	10,601		-0-	
	Resident Education/Training	1408		3,000	13,000		-0-	
	Drug Elimination	1408		16,438	21,438		-0-	
	Lease-up Advertising	1410	12 months	1,500	12,500		-0-	
	Staff Salaries	1410		20,000	20,000		-0-	
	A/E Services	1430		15,000	15,000		-0-	
	Sewer Lines	1450		-0-	58,976		-0-	
	Kitchen Cabinets	1460		168,657	88,443		-0-	
	Playground Equipment	1475		-0-	35,238		-0-	
	Maintenance Vehicle	1475		20,000	20,000		-0-	
	TOTAL				368,994		-0-	

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part II: Supporting Pages								
PHA Name: North Wilkesboro Department of Housing and Community Development			Grant Type and Number Capital Fund Program #: NC19P06950100 Capital Fund Program Replacement Housing Factor #:			Federal FY of Grant: 2000		
Development Number Name/HA- Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part III: Implementation Schedule							
PHA Name: North Wilkesboro Department of Housing and Community Development		Grant Type and Number Capital Fund Program #: NC19P06950100 Capital Fund Program Replacement Housing Factor #:				Federal FY of Grant: 2000	
Development Number Name/HA-Wide Activities	All Fund Obligated (Quart Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
NC069	Original	Revised	Actual	Original	Revised	Actual	

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary					
PHA Name: North Wilkesboro Department of Housing and Community Development		Grant Type and Number Comprehensive Improvement Assistance Program: # NC19P06991099 Capital Fund Program Replacement Housing Factor Grant No:			Federal FY of Grant: 1999
<input type="checkbox"/> Original Annual Statement (revision no: 1) <input type="checkbox"/> Reserve for Disasters/ Emergencies <input checked="" type="checkbox"/> Revised Annual Statement					
<input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Lin e No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations	-0-	41,745	41,745	41,745
3	1408 Management Improvements	-0-	43,000	25,000	12,227
4	1410 Administration	500	23,000	23,000	14,203.90
5	1411 Audit	-0-	-0-	-0-	-0-
6	1415 liquidated Damages	-0-	-0-	-0-	-0-
7	1430 Fees and Costs	30,923	13,000	13,000	9,822.38
8	1440 Site Acquisition	-0-	-0-	-0-	-0-
9	1450 Site Improvement	-0-	-0-	-0-	-0-
10	1460 Dwelling Structures	386,036	207,416	187,000	153,697.25
11	1465.1 Dwelling Equipment— Nonexpendable	-0-	39,898	39,898	4,557.94
12	1470 Nondwelling Structures	-0-	5,400	5,400	5,400
13	1475 Nondwelling Equipment	-0-	44,000	44,000	44,000
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary					
PHA Name: North Wilkesboro Department of Housing and Community Development		Grant Type and Number Comprehensive Improvement Assistance Program: # NC19P06991099 Capital Fund Program Replacement Housing Factor Grant No:			Federal FY of Grant: 1999
<input type="checkbox"/> Original Annual Statement (revision no: 1) <input type="checkbox"/> Reserve for Disasters/ Emergencies <input checked="" type="checkbox"/> Revised Annual Statement					
<input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
17	1495.1 Relocation Costs				
18	1498 Mod Used for Development				
19	1502 Contingency				
20	Amount of Annual Grant: (sum of lines 2-19)	417,459	417,459	379,029	285,640.06
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Compliance				
23	Amount of line 20 Related to Security				
24	Amount of line 20 Related to Energy Conservation Measures	-0-	-0-	-0-	-0-

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part II: Supporting Pages								
PHA Name: North Wilkesboro Department of Housing and Community Development		Grant Type and Number Comprehensive Improvement Assistance Program: # NC19P06991099 Capital Fund Program Replacement Housing Factor #:				Federal FY of Grant: 1999		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
NC069	Operations	1406		-0-	41,745	41,745	41,745	complete
	Staff Training	1408		-0-	5,000	-0-	-0-	incomplete
	Resident Education/Training	1408		-0-	3,000	-0-	-0-	incomplete
	Drug Elimination	1408		-0-	25,000	25,000	12,227	incomplete
	Boysí and Girlsí Club	1408		-0-	10,000	-0-	-0-	incomplete
	Lease-up Advertising	1410		500	3,000	3,000	3,000	complete
	Staff Salaries	1410		-0-	20,000	20,000	11,203.90	incomplete
	A/E Services	1430		30,923	13,000	13,000	9,822.38	incomplete
	Window Replacement	1460		138,000	188,528	187,000	153,697.25	incomplete
	Patio Door Replacement	1460		56,000	-0-	-0-	-0-	N/A

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part II: Supporting Pages								
PHA Name: North Wilkesboro Department of Housing and Community Development		Grant Type and Number Comprehensive Improvement Assistance Program: # NC19P06991099 Capital Fund Program Replacement Housing Factor #:				Federal FY of Grant: 1999		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
	Install Bolt Locks on Patio Doors	1460		-0-	1,400	-0-	-0-	incomplete
	Install Closet Doors	1460		-0-	10,000	-0-	-0-	incomplete
	Replace Baseboard Heaters	1460		192,036	-0-	-0-	-0-	N/A
	Splash Shields/Kitchen	1460		-0-	7,488	-0-	-0-	incomplete
	Range & Refrigerator Replacement	1465.1		-0-	39,898	39,898	-0-	incomplete
	Admin. Bldg. Carpet & Furniture	1470		-0-	5,400	5,400	5,400	complete
	2 Maintenance Vehicles	1475		-0-	44,000	44,000	44,000	complete
	TOTAL			417,459	417,459	379,029	285,640.06	

Optional Table for 5-Year Action Plan for Capital Fund (Component 7)

Complete one table for each development in which work is planned in the next 5 PHA fiscal years. Complete a table for any PHA-wide physical or management improvements planned in the next 5 PHA fiscal year. Copy this table as many times as necessary. Note: PHAs need not include information from Year One of the 5-Year cycle, because this information is included in the Capital Fund Program Annual Statement.

Optional 5-Year Action Plan Tables				
Development Number	Development Name (or indicate PHA wide)	Number Vacant Units	% Vacancies in Development	
NC069	North Wilkesboro Department of Housing and Community Development			
Description of Needed Physical Improvements or Management Improvements			Estimated Cost	Planned Start Date (HA Fiscal Year)
Development is 28 years old and need general upgrading in the areas of kitchens, tile floors, air conditioning, vinyl siding and site improvements including paving of parking lots and removal of several trees and re-seeding of lawns.				
<u>Physical Improvements</u>			<u>\$1,310,392</u>	
Kitchen Cabinets			93,786.00	2001
Exhaust Fans/Kitchen			10,500.00	2001
Smoke Detectors/Electric			2,625.00	2001
Hot Water Heaters			31,500.00	2001
New Floor Tile			116,137.00	2001
Ground Fault Receptacles			2,625.00	2001
Exhaust Fans/Bathrooms			10,500.00	2003
Storm Doors			52,500.00	2002
New Sliding Glass Doors			56,000.00	2002
Heating and Air Conditioning Units			402,036.00	2002

Attachment E
(original plan)

Vinyl Siding	351,195.00	2003
Clean Bricks	13,125.00	2003
Paint Units/Interiors	95,000.00	2003
<u>Management Needs (total cost over 4 year period starting 2001)</u>	<u>560,980.00</u>	
Advertisement and Staff Salaries	52,000.00	2001
Fees and Costs	60,000.00	2001
Maintenance Vehicles	40,000.00	2001
Staff Training	20,000.00	2001
Child Care Center	100,000.00	2001
Boys' and Girls' Club	40,000.00	2001
Education and Training/Residents	12,000.00	2001
Learning Labs	10,000.00	2001
Drug Elimination	100,000.00	2001
Operations	166,980.00	2001
Computer Upgrades/Administrative	6,500.00	2003
Total estimated cost over next 5 years	\$1,871,372	

Attachment E
(original plan)

PHA Public Housing Drug Elimination Program Plan

Note: THIS PHDEP Plan template (HUD 50075-PHDEP Plan) is to be completed in accordance with Instructions located in applicable PIH Notices.

Section 1: General Information/History

A. Amount of PHDEP Grant \$ 52,087

B. Eligibility type (Indicate with an x) N1 X N2 _____ R _____

C. FFY in which funding is requested 2001

D. Executive Summary of Annual PHDEP Plan

In the space below, provide a brief overview of the PHDEP Plan, including highlights of major initiatives or activities undertaken. It may include a description of the expected outcomes. The summary must not be more than five (5) sentences long

Receipt of the PHDEP grant will allow the North Wilkesboro Department of Housing to continue the level of service it has provided to the residents of its community. The major concentration is to increase the youth program component through collaboration with the Parks and Recreation Department of North Wilkesboro. The funding will also assist us in our efforts to establish a Campus of Learners program for our youth and the Literacy Program for our adults. Through the incorporation of the C.O.P.S. program and the Neighborhood Services Program, with its very dedicated North Wilkesboro Police Officer and the Neighborhood Service Coordinator, we have been able to maintain a reduction in drug-related crimes and Part I & II crimes in our community and the surrounding neighborhoods.

E. Target Areas

Complete the following table by indicating each PHDEP Target Area (development or site where activities will be conducted), the total number of units in each PHDEP Target Area, and the total number of individuals expected to participate in PHDEP sponsored activities in each Target Area. Unit count information should be consistent with that available in PIC.

PHDEP Target Areas (Name of development(s) or site)	Total # of Units within the PHDEP Target Area(s)	Total Population to be Served within the PHDEP Target Area(s)

North Wilkesboro Department of Housing and Community Development	206	477

F. Duration of Program

Indicate the duration (number of months funds will be required) of the PHDEP Program proposed under this Plan (place an “x” to indicate the length of program by # of months. For “Other”, identify the # of months).

12 Months X 18 Months _____ 24 Months _____

G. PHDEP Program History

Indicate each FY that funding has been received under the PHDEP Program (place an “x” by each applicable Year) and provide amount of funding received. If previously funded programs have not been closed out at the time of this submission, indicate the fund balance and anticipated completion date. The Fund Balances should reflect the balance as of Date of Submission of the PHDEP Plan. The Grant Term End Date should include any HUD-approved extensions or waivers. For grant extensions received, place “GE” in column or “W” for waivers.

Fiscal Year of Funding	PHDEP Funding Received	Grant #	Fund Balance as of Date of this Submission	Grant Extension s or Waivers	Grant Start Date	Grant Term End Date
FY 1995						
FY 1996	\$107,956	NC19DEP0690196	0	4/99		N/A
FY 1997	\$108,000	NC19DEP 0690197	2,776.94		12/1998	12/2000
FY1998						
FY 1999	\$47,507	NC19DEP0690199	0		12/1999	12/2000
FY 2000	\$49,512	NC19DEP0690100	49,512		11/2000	11/2001

Section 2: PHDEP Plan Goals and Budget

A. PHDEP Plan Summary

In the space below, summarize the PHDEP strategy to address the needs of the target population/target area(s). Your summary should briefly identify: the broad goals and objectives, the role of plan partners, and your system or process for monitoring and evaluating PHDEP-funded activities. This summary should not exceed 5-10 sentences.

During this funding period our major concentration is on continuing our efforts in developing a strong youth program component. Through collaboration with United Way Agencies (i.e. Girl Scouts, Boy Scouts, 4H), the North Wilkesboro Parks and Recreation Dept., and North Wilkesboro Public School we are working to develop new and innovative programs providing an alternative to participation in negative activities. The town of North Wilkesboro is small and the opportunities for some to participate in quality programming is limited. We are committed to offset these limitations.

B. PHDEP Budget Summary

Enter the total amount of PHDEP funding allocated to each line item.

FFY <u>2001</u> PHDEP Budget Summary	
Original statement	
Revised statement dated:	
Budget Line Item	Total Funding
9110 – Reimbursement of Law Enforcement	\$26,752.00
9115 - Special Initiative	
9116 - Gun Buyback TA Match	
9120 - Security Personnel	
9130 - Employment of Investigators	
9140 - Voluntary Tenant Patrol	
9150 - Physical Improvements	

9160 - Drug Prevention	\$23,135.00
9170 - Drug Intervention	
9180 - Drug Treatment	
9190 - Other Program Costs	\$2,200.00
TOTAL PHDEP FUNDING	\$52,087.00

C. PHDEP Plan Goals and Activities

In the tables below, provide information on the PHDEP strategy summarized above by budget line item. Each goal and objective should be numbered sequentially for each budget line item (where applicable). Use as many rows as necessary to list proposed activities (additional rows may be inserted in the tables). PHAs are not required to provide information in shaded boxes. Information provided must be concise—not to exceed two sentences in any column. Tables for line items in which the PHA has no planned goals or activities may be deleted.

9110 ñ Reimbursement of Law Enforcement					Total PHDEP Funding: \$		
Goal(s)	Reduce and control criminal activity in PHA and surrounding communities. Increase residents feelings of comfort in their neighborhoods						
Objectives	Provide highly visible Law Enforcement presence in communities						
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDE P Funding	Other Funding (Amount/ Source)	Performance Indicators
1.Police Officer			12/01	12/02	26,752	26,752/In-kind NRPD	Continue to maintain a low level of criminal activity in developments as monitored with crime statistics provided
2.							
3.							

9115 - Special Initiative					Total PHDEP Funding: \$		
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHDEP Funding	Other Funding (Amount/Source)	Performance Indicators
1.							
2.							
3.							

9116 - Gun Buyback TA Match					Total PHDEP Funding: \$		
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

9120 - Security Personnel					Total PHDEP Funding: \$		
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

9130 ñ Employment of Investigators					Total PHDEP Funding: \$		
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

9140 ñ Voluntary Tenant Patrol					Total PHDEP Funding: \$		
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

9150 - Physical Improvements					Total PHDEP Funding: \$		
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

9160 - Drug Prevention					Total PHDEP Funding: \$		
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Goal(s)	Provide youth and adult programs to reduce drug related and Part I & II Crimes through collaboration with area agencies						
Objectives	Continued employment of Neighborhood Services Coordinator and provide tools to meet established goals						
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1. Neighborhood Service Coordinator	477	6 years & over	12/01	12/2002	\$18,000.00		Develop a strong youth program component through collaboration with other agencies and the Parks and Recreation Dept. Increase participation in adult literacy programs and develop new programs for adults and elderly
2. Purchase supplies, equipment and pay participation fees and other contracts for developed programs and activities	477	6 years & over	12/01	12/2002	\$5,135.00	20,000.00/C FP	Purchase game tables, computer and other supplies and pay participation fees for existing area programs, camps and workshops
3.							

9170 - Drug Intervention					Total PHDEP Funding: \$		
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHDEP Funding	Other Funding (Amount /Source)	Performance Indicators

1.							
2.							
3.							

9180 - Drug Treatment					Total PHDEP Funding: \$		
Goal(s)							
Objectives							
Proposed Activities	# of Person s Served	Target Population	Start Date	Expected Complete Date	PHDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

9190 - Other Program Costs					Total PHDEP Funds: \$		
Goal(s)	To know the pulse of the community						
Objectives	Resident Survey						
Proposed Activities	# of Person s Served	Target Population	Start Date	Expected Complete Date	PHDEP Funding	Other Funding (Amount /Source)	Performance Indicators

1. Resident Survey			12/01	12/2002	\$2,200.00		Have community survey to get a feel from residents for their confidence in our drug prevention efforts.
2.							
3.							

Attachment G

Required Attachment H : Resident Member on the PHA Governing Board

1. ☐ Yes ☒ No: Does the PHA governing board include at least one member who is directly assisted by the PHA this year? (if no, skip to #2)

A. Name of resident member(s) on the governing board:

B. How was the resident board member selected: (select one)?

☐ Elected

☐ Appointed

C. The term of appointment is (include the date term expires):

2. A. If the PHA governing board does not have at least one member who is directly assisted by the PHA, why not?

☐ the PHA is located in a State that requires the members of a governing board to be salaried and serve on a full time basis

☐ the PHA has less than 300 public housing units, has provided reasonable notice to the resident advisory board of the opportunity to serve on the governing board, and has not been notified by any resident of their interest to participate in the Board.

☒ Other (explain): The PHA is a department of the local municipality and the board consist of elected official i.e. the Mayor and Town Commissioners.

B. Date of next term expiration of a governing board member:

C. Name and title of appointing official(s) for governing board (indicate appointing official for the next position):

Required Attachment I : Membership of the Resident Advisory Board or Boards

List members of the Resident Advisory Board or Boards: (If the list would be unreasonably long, list organizations represented or otherwise provide a description sufficient to identify how members are chosen.)

RESIDENT ADVISORY COUNCIL MEMBERS

The residents of the North Wilkesboro Department of Housing and Community Development have been informed that each of them are members of the Advisory Council by virtue of them living in one of the public housing developments. The names, titles and addresses of the Resident Advisory Council Board are as follows:

Ms. Stephanie Walker, Chairperson
320 Hickory Street
North Wilkesboro, NC 28659

Dora Hailey
401 Hickory Street
North Wilkesboro, NC 28659

Ms. Tina Parsons, Secretary/Treasurer
310 Hickory Street
North Wilkesboro, NC 28659

Carmella Moore
1405-B Third Street
North Wilkesboro, NC 28659

Ms. Phyllis Southern
404 Hickory Street
North Wilkesboro, NC 28659

Annette Miller
307-D I Street
North Wilkesboro, NC 28659

Ms. Doris Briggs
402-B J Street
North Wilkesboro, NC 28659

Ms. Lisa Hayes, Resident Services Coordinator
312 Hickory Street
North Wilkesboro, NC 28659

Ms. Rita Anderson
304-D I Street
North Wilkesboro, NC 28659

Ms. Jennifer Richardson
417 Hickory Street
North Wilkesboro, NC 28659

**ANNUAL PHA PLAN
FISCAL YEAR 2001
RESIDENT ADVISORY BOARD COMMENTS**

Received a letter of support from the President of the Resident Advisory Board. This letter will be included in the packet of certifications submitted to the local field office.

**NORTH WILKESBORO DEPARTMENT OF
HOUSING AND COMMUNITY DEVELOPMENT
REAL ESTATE ASSESSMENT CENTER
CUSTOMER SERVICE AND SATISFACTION SURVEY
Resident Survey Follow-up Plan**

The report of the Resident Survey indicated that our score on the section Neighborhood Appearance was below the 75% threshold which requires the submission of a followup plan. We have gone to great lengths to enhance the appearance of our communities. We will step up those efforts in the upcoming year to improve our score in this area

Follow-up Plan

1. Lawn company cut grass, trim edges, and blow sidewalks bi-weekly during season
2. Use Green Thumb workers and community service help in picking up paper throughout community on an as need basis
3. Inspect community weekly to identify residents that are contributing to the problem of trash in the neighborhoods
4. Sending letters and fining residents that found to be major cause of the litter problem in communities
5. Reminding residents in resident meetings and in writing that young children are not to be sent to the dumpsters with trash
6. Using town street sweeper on an as need basis
7. Solicit suggestions from the Resident Advisory Board

**NORTH WILKESBORO DEPARTMENT OF
HOUSING & COMMUNITY DEVELOPMENT
PET POLICY**

POLICY: The North Wilkesboro Department of Housing and Community Development (NWDHCD), as required by Section 526 of the Quality Housing and Work Responsibility Act (QHWRA), will permit public housing residents to have a domesticated pet within the following conditions and guidelines:

1. The Head-of-Household must enter into a Pet Agreement with the Department of Housing (as attached), and provide annually to the Department of Housing proof of the pet's good health to include documentation supporting licensing, vaccination, spaying, neutering, and/or declawing for cats.

2. The NWDHCD will permit only one pet per household and must be one of the following types of pets:

- One (1) spayed or neutered* dog, adult weight of no more than 20 lbs (adult weight), no more than 18" in height; cannot be of a vicious or hostile breed; or
- One (1) spayed or neutered* cat which must be declawed; or
- One (1) bird which must be maintained in a cage at all times; or
- One fish tank with maximum capacity of 20 gallons; or
- One hamster or guinea pig which must be maintained in a cage at all times.

*If puppy or kitten, spaying or neutering must occur within
six (6) months of age.

3. A pet deposit in the amount of \$250.00 is required. Payment of deposit can be made in three monthly installments of \$100 first month and \$75 the next two. If payment is not complete in the time allowed the pet must be removed. The deposit is refundable only if there are no damages attributable to the pet, upon removal of the pet or the unit is vacated, whichever should first occur.

4. In the event of a pet causing a nuisance/disturbance or failure of the household to comply with the terms and conditions of the Pet Agreement, the NWDHCD will give written notice that the pet is to be removed from the premises. Failure to comply with the terms of the Pet Agreement or failure to remove the pet will be grounds for lease termination.

5. The NWDHCD will not permit visiting pets and only pets authorized by an executed Pet Agreement are permitted.

6. In the event of default by the resident of any of the terms of this agreement/addendum, resident agrees, upon proper written notice of default from the NWDHCD, to correct the default, remove the pet, or vacate the premises. Resident agrees that the NWDHCD may revoke permission to keep said pet on the premises by giving the Resident proper written notice.

7. The NWDHCD may use the pet deposit, as is reasonably necessary, to repair damages or cleaning made necessary by said pet. At the termination of this Addendum and the Lease, any balance shall be added to the security deposit required under the lease, and thereafter, disbursed by Law.

Resident agrees to pay the NWDHCD for any damages or costs caused by the pet in excess of the security deposit on demand by the NWDHCD.

Resident's liability for damages caused by his/her pet is not limited to the amount of the pet security deposit and the resident will be required to reimburse the NWDHCD for the real cost of any and all damages caused by his/her pet where they exceed the amount of the pet security deposit. Soiling damage to walls, carpet, flooring or the ceiling of the unit below (if applicable) caused by breakage or spillage from an aquarium shall be the responsibility of the resident pet owner.

8. The Head-of-Household must provide annually to the Department of Housing proof of the pet's good health to include documentation supporting licensing, vaccination, spaying, neutering, and/or declawing for cats.

9. The NWDHCD will not permit visiting pets. Only pets authorized by an executed Pet Agreement are permitted.

10. Dogs and cats must be maintained within the pet owner's unit. When outside, the pet must be kept on a leash and under the control of the resident or member of resident's household at all times. Pets are not permitted to remain in common areas, community building, or the NWDHCD's office. Pets must be hand carried through common areas such as stairways, etc.

11. Pet owners will be responsible for removal of pet waste. The NWDHCD will impose a separate charge of \$5.00 per occurrence for removal of pet waste should the resident fail to do so. Cat litter must not be disposed of by flushing down toilets and charges for unclogging toilets will be imposed should cat litter be found in a clogged line. Pet waste must be disposed of in sealed plastic trash bags and placed in the dumpster.

12. Pet owners shall assume sole responsibility for liability arising from any injury, sustained by any person, that is attributable to a owner's pet. Resident agrees by execution of the Pet Agreement to hold the Department of Housing harmless from and against any and all claims, actions, suits, judgments, and demands brought by any other party on account of or in connection with any activity of or damage caused by the Resident's pet.

13. Any pet which physically threatens and/or harms a resident, guest, member of the NWDHCD staff or other authorized persons at any time, on the NWDHCD grounds, shall be considered a threat to safety and the Resident will be given written notice to remove the pet. Consistent with local and state ordinance, the NWDHCD shall take appropriate steps to have a pet removed from the premises in the event a pet causes physical harm or bodily injury to any resident, guest, a member of the NWDHCD staff or other authorized person, or in the event the pet owner fails to remove the pet after written notice.

14. Infestation of a unit, adjacent units or common areas shall be the responsibility of the pet owner and such pet owner agrees to incur the costs of eradication of any infestation upon notice by the NWDHCD. In the event the pet owner does not resolve the infestation within five (5) days after adequate notice by the NWDHCD, the NWDHCD will initiate eradication and bill the resident for such cost.

15. No pet shall be left unattended in any unit for longer than ten (10) hours. The NWDHCD will notify the Wilkes County Animal Shelter of any pet that appear to be poorly cared for or left unattended in excess of the time herein stated, or in the event of mistreatment/cruelty. The Resident agrees that the NWDHCD may exercise its right to enter the premises for removal of a pet, without prior notice, in the event of any emergency condition involving a pet.

16. It is the responsibility of the pet owner to make arrangements for pets when away from the unit for more than a ten (10) hour period. In the event of an emergency or sudden illness of a sole member household, the resident agrees that the NWDHCD shall have discretion with respect to the provision of care to the pet consistent with federal guidelines and at the expense of the pet owner, if applicable, and in the event the emergency contact person named herein should be unavailable.

The following emergency contact information must be completed by the pet owner/head of household:

I, _____, authorize the NWDHCD to contact _____ at _____ who has agreed to be responsible for my pet in the event that I am unable to care for it or I am away from my unit for more than ten (10) hours.

17. In the event of the death of a sole member resident, the pet owner agrees that the NWDHCD shall have discretion to remove the pet consistent with State guidelines unless written instructions regarding such removal is provided to the NWDHCD by the resident, or in the event the named caretaker is unwilling to take responsibility for the pet.

18. Resident agrees to secure any pet when the NWDHCD staff is conducting inspections, maintenance work, etc. If notice has been given of inspections/maintenance, resident agrees to secure the pet and put a notice on the outside door of the unit of the location of the pet should the resident leave the unit during the period of notice of inspection/maintenance.

PET AGREEMENT AND ADDENDUM TO THE LEASE

This agreement and addendum made and entered into this the ____ day of _____, 20____, the North Wilkesboro Department of Housing and Community Development, in consideration of and subject to the terms, conditions, and covenants set forth in the Lease and this Addendum, hereby acknowledges leasing to _____, a unit located at _____.

The Head-of-Household, by execution of this Addendum, agrees that the household will comply with the following terms and conditions:

1. The NWDHCD will permit only the following pet:

TYPE: _____ AGE: _____

*If puppy or kitten, spaying or neutering must occur within six (6) months of age.

2. In the event of default by the resident of any of the terms of this agreement/addendum, resident agrees, upon proper written notice of default from the NWDHCD, to correct the default, remove the pet or vacate the premises. Resident agrees that the NWDHCD may revoke permission to keep said pet on the premises by giving the Resident proper written notice.

3. A pet deposit in the amount of \$250.00 has been paid or payment agreement signed. The NWDHCD may use such amount as is reasonably necessary to repair damages or cleaning made necessary by said pet. At the termination of this Addendum and the Lease, any balance shall be added to the security deposit required under the lease, and thereafter, disbursed by Law. Resident agrees to pay the NWDHCD for any damages or costs caused by the pet in excess of the security deposit on demand by the NWDHCD.

Resident's liability for damages caused by his/her pet is not limited to the amount of the pet security deposit and the resident will be required to reimburse the NWDHCD for the real cost of any and all damages caused by his/her pet where they exceed the amount of the pet security deposit. Soiling damage to walls, carpet, flooring or the ceiling of the unit below (if applicable) caused by breakage or spillage from an aquarium shall be the responsibility of the resident pet owner.

4. The Head-of-Household must provide annually to the Department of Housing proof of the pet's good health to include documentation supporting licensing, vaccination, spaying, neutering, and/or declawing for cats.

5. In the event of a pet causing a discomfort, annoyance, nuisance, or disturbance and/or failure of the household to comply with the terms and conditions of the Pet Agreement, I the NWDHCD will give written notice that the pet is to be removed from the premises. Failure to comply with the terms of the Pet Agreement or failure to remove the pet will be grounds for lease termination.

6. The NWDHCD will not permit visiting pets. Only pets authorized by an executed Pet Agreement are permitted.

7. Dogs and cats must be maintained within the pet owner's unit. When outside, the pet must be kept on a leash and under the control of the resident or a member of the resident's household at all times. Pets are not permitted to remain in common areas, community building, or the NWDHCD office. Pets must be hand carried through common areas such as stairways, etc.

8. Pet owners will be responsible for removal of pet waste. The NWDHCD will impose a separate charge of \$5.00 per occurrence for removal of pet waste should the resident fail to do so. Cat litter must not be disposed of by flushing down toilets and charges for unclogging toilets will be imposed should cat litter be found in a clogged line. Pet waste must be disposed of in sealed plastic trash bags and placed in the dumpster.

9. Pet owners shall assume sole responsibility for liability arising from any injury, sustained by any person, that is attributable to a owner's pet. Resident agrees by execution of the Pet Agreement to hold the Department of Housing harmless from and against any and all claims, actions, suits, judgments, and demands brought by any other party on account of or in connection with any activity of or damage caused by the Resident's pet.

10. Any pet which physically threatens and/or harms a resident, guest, member of the NWDHCD staff or other authorized persons at any time, on the NWDHCD grounds, shall be considered a threat to safety and the Resident will be given written notice to remove the pet. Consistent with local and state ordinance, the NWDHCD shall take appropriate steps to have a pet removed from the premises in the event a pet causes physical harm or bodily injury to any resident, guest, a member of the NWDHCD staff or other authorized person, or in the event the pet owner fails to remove the pet after written notice.

11. Infestation of a unit, adjacent units or common areas shall be the responsibility of the pet owner and such pet owner agrees to incur the costs of eradication of any infestation upon notice by the NWDHCD. In the event the pet owner does not resolve the infestation within five (5) days after adequate notice by the NWDHCD, the NWDHCD will initiate eradication and bill the resident for such cost.

12. No pet shall be left unattended in any unit for longer than ten (10) hours. The NWDHCD will notify the Wilkes County Animal Shelter of any pet that appear to be poorly cared for or left unattended in excess of the time herein stated, or in the event of mistreatment/cruelty. The Resident agrees that the NWDHCD may exercise its right to enter the premises for removal of a pet, without prior notice, in the event of any emergency condition involving a pet.

13. It is the responsibility of the pet owner to make arrangements for pets when away from the unit for more than a ten (10) hour period. In the event of an emergency or sudden illness of a sole member household, the resident agrees that the NWDHCD shall have discretion with respect to the provision of care to the pet consistent with federal guidelines and at the expense of the pet owner, if applicable, and in the event the emergency contact person named herein should be unavailable.

The following emergency contact information must be completed by the pet owner/head of- household:

I, _____, authorize the NWDHCD to contact
_____ at _____ who
has agreed to be responsible for my pet in the event that I am unable to care
for it or I am away from my unit for more than ten (10) hours.

14. In the event of the death of a sole member resident, the pet owner agrees that the NWDHCD shall have discretion to remove the pet consistent with State guidelines unless written instructions regarding such removal is provided to the NWDHCD by the resident, or in the event the named caretaker is unwilling to take responsibility for the pet.

15. Resident agrees to secure any pet when the NWDHCD staff is conducting inspections, maintenance work, etc. If notice has been given of inspections/maintenance, resident agrees to secure the pet and put a notice on the outside door of the unit of the location of the pet should the resident leave the unit during the period of notice of inspection/maintenance.

I have read and understand the terms and conditions of the above agreement and agree to comply with the provisions thereof.

Witness: _____
NWDHCD Signature

Resident Signature

Date

NORTH WILKESBORO DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENT

Conversion from Ceiling Rents to Flat Rents

The North Wilkesboro Department of Housing and Community Development (NWDHCD), as required by 24 CFR 960.253 Choice of Rent, is eliminating the ceiling rents that presently exist and is converting to flat rents. This conversion will take place during annual re-examination in May, 2002. It is a part of the 2001 Annual Plan because the implementation date is within the fiscal year of which the plan is written. During the months prior to implementation several meetings will be held to discuss the changes in order that all residents affected will be prepared.

Public housing residents are given an opportunity to choose between two methods for determining the amount of tenant rent payable monthly by the family. Those choices are flat rent or income-based rent. The choice is made once per year at the scheduled re-examination period. Once the choice is made the family is locked in for the year unless they are met with a financial hardship.

Flat rent is based on the market rent charged for comparable units in the private unassisted rental market. It is equal to the estimated rent for which the housing department could promptly lease the unit after preparation for occupancy. The housing department must use a reasonable method to determine the flat rent for a unit. To determine the flat rent, the housing department must consider the location, quality, size, unit type, and age of its units along with any amenities, housing services, maintenance and utilities provided by the housing department.

The flat rent is designed to encourage self-sufficiency and to avoid creating disincentives for continued residency by families who are attempting to become economically self-sufficient.

If a family chooses to pay a flat rent, the housing department does not pay any utility reimbursements.

The housing department must maintain records that document the method used to determine flat rents, show how flat rents are determined by the housing department in accordance with this method and document flat rents offered to families under this method.

Below are the figures associated with this document:

Bedroom Size	Current Ceiling Rents	New Flat Rents	Market Rents
1 Bedroom	\$191.00	\$300.00	\$374.00
2 Bedroom	\$266.00	\$350.00	\$421.00

3 Bedroom	\$274.00	\$380.00	\$582.00
4 Bedroom	\$372.00	\$425.00	\$654.00
5 Bedroom	\$397.00	\$450.00	no price given

Rent Comparisons (Public & Subsidized Housing)

Bedroom Size	Mt. Airy (300 units)	Morganton (250 units)	Lenoir (158 units)	Glenn Hill Apartments	Windemere Apartments
1 Bedroom	\$331.00	\$382.00	\$300.00	\$495.00	\$300 - \$399
2 Bedroom	\$397.00	\$401.00	\$350.00	\$585.00	\$321 - \$416
3 Bedroom	\$457.00	\$420.00	\$380.00		\$347 - \$469
4 Bedroom	\$516.00	\$439.00	\$400.00		
5 Bedroom	\$576.00	\$458.00			

Rent Comparisons (Mobile Home Rentals in area)

Information Source	1 Bedroom	2 Bedroom	3 Bedroom
Darlene Robinson		\$370.00	\$425.00
Newspaper		\$325.00	
Newspaper		\$330.00	\$350.00
Newspaper		\$350.00	
Newspaper		\$300.00	
Newspaper		\$300.00	
Newspaper		\$400.00	
Newspaper		\$260.00	
Newspaper		\$350.00	
Newspaper		\$350.00	

Newspaper ads dated February 28, 2001

The conversion from Ceiling Rent to Flat Rent has no effect on residents that current tenant rent is based on the family's income (income-based rent). At the point of implementation of the Flat Rent all families (including those presently pay incomebased rent) will have to decide which method they wish to use. You will be provided with the figures of using both methods to assist you in making your decision.

COMMUNITY SERVICE AND SELF-SUFFICIENCY REQUIREMENT POLICY

Comment Statement: It is the intent of the North Wilkesboro Department of Housing and Community Development, here and after referred to as the Authority, to comply with the Quality Housing and Work Responsibility Act of 1998 and more specifically CFT Sections 960.605, and 960.607: Community Service and Self-Sufficiency Requirements. However, the Authority Staff object to this requirement and believe this requirement creates a burden on both the Authority and its residents. The Community Service Requirement represents an unfounded mandate that adds cost and paperwork burden.

General Policy Statement: All residents who are 18 years of age and older and are not exempt under the exemptions defined in the CRG Part 960.6 shall be required to perform eight (8) hours of community service each month. This service can be provided at any local community, civic, or charitable organization. The selection of type and location of community service to be provided is totally left to the discretion of the resident. Residents may choose to enroll in a self-sufficiency program in lieu of performing the required eight (8) hours of service. Any resident failing to comply with the requirements of the Community Service and Self-Sufficiency Policy is subject to denial to renew Lease at Annual Re-certification.

Definitions:

Community service: The performance of voluntary work or duties that are a public benefit and that serve to improve the quality of life, enhance resident self-sufficiency, or increase resident self-responsibility in the community. Community service is not employment and may not include political activities.

Exempt individual: An adult who:

- 1) Is 62 years or older
- 2) Is a blind or disabled individual, as defined under 216(i)(I) or 1614 of the Social Security Act (42 U.S.C. 416(i)(I); 1382c) and who certifies that because of this disability she or he is unable to comply with the service provisions of this subpart, or (ii) primary caretaker of such an individual.
- 3) Is engaged in work activities.
- 4) Meets the requirements for being exempted from having to engage in a work activity under the State program funded under part A of Title IV of the Social Security Act (42 U.S.C. 601 et seq.) or under another welfare program of the State in which the PHA is located, including a State administered welfare-to-work program.
- 5) Is a member of a family receiving assistance, benefits or services under a State program funded under part A of title IV of the Social Security Act (42 U.S.C. 601 et seq.) or under another welfare program of the State in which the PHA is located, including a State-administered welfare-to-work

program, and has not been found by the State or other administering entity to be in noncompliance with such a program.

Service requirement: The obligation of each adult resident, other than an exempt individual, to perform community service or participate in an economic self-sufficiency program required in accordance with 960.603.

Economic self-sufficiency program: Any program designed to encourage, assist, train, or facilitate the economic independence of HUD-assisted families or to provide work for such families. These programs include job training, employment counseling, work placement, basic skills training, education, English proficiency, workfare, financial or household management, apprenticeship, and any program necessary to ready a participant for work (including a substance abuse or mental health treatment program), or other activities.

Work activities: Defined in section 407(d) of the Social Security Act (42 U.S.C. 607(d)) as the following:

- 1) Unsubsidized employment.
- 2) Subsidized private-sector employment.
- 3) Subsidized public-sector employment.
- 4) Work experience (including work associated with the refurbishing of publicly assisted housing) if sufficient private-sector employment is not available.
- 5) On-the-job training.
- 6) Job search and job-readiness assistance.
- 7) Community service programs.
- 8) Vocational educational training (not to exceed 12 months with respect to any individual
- 9) Job skills training directly related to employment.
- 10) Education directly related to employment in the case of a recipient who has not received a high school diploma or a certificate of high school equivalency.
- 11) Satisfactory attendance at secondary school or in a course of study leading to a certificate of general equivalence, in the case of a recipient who has not completed secondary school or received such as certificate.
- 12) The provision of childcare services to an individual who is participating in a community service program.

Required Components of CFR 960.605 and 960.607:

Policy Statement

A description of the administrator

A description of Program Administrator

A process for notifying residents regarding requirements

A determination of exempt and nonexempt family members

A process for reviewing compliance including third-party certification when applicable

Documentation of service requirement compliance in tenant files
 Compliance with all nondiscrimination and equal opportunity requirements

Community Service Program Administration: The Authority will administer The Community Service and Self-Sufficiency Program. The authority has an on going Self Sufficiency Program and welfare to work program as well as other economic self sufficiency activities. The Authority will incorporate the new requirement for participation in one of these existing programs or completing of eight (8) hours of community service into existing structure. The Authority will provide compliance monitoring and verification as part of the annual re-certification process.

Compliance Requirements:

Each adult (18 years old and older) non-exempt household member is required to:

1. Perform eight (8) hours of community service each month or
2. Participate in eight (8) hours of Economic Self-Sufficiency activities each month
3. or Participate in a combination of community service or economic self sufficiency activities for eight (8) hours each month

The Community Service requirement may be satisfied by participation in one or more of the following activities:

Participation in an economic Self-Sufficiency program
 Furthering education, i.e. literacy programs, obtaining GED, continuing education classes or job training, etc.
 Assistance with local charities such as soup kitchen, homelessprogram, habitat for humanities
 Assistance with youth programs such as Boys and Girls Clubs, Scouts
 Participation in community beautification
 Participation in neighborhood cleaning efforts
 Participation in community agency or school projects
 Or other such service as may be approved by the Authority

Each adult non-exempt household member will be required to complete a Community Service Report form each year at annual re-examination. The report will include a description of the type community service or economic self-sufficiency activity completed and the time, date and number of hours completed. Third party verification of the completion of service or participation may be required. The head of household is responsible for lease compliance and is responsible for providing information and documentation as may be requested by the Authority to determine compliance.

The Authority will maintain community service records for each adult resident by one of the following methods:

1. Exempt status determination for those exempt in accordance with the regulations
2. Certification of a service agency or economic selfsufficiency program provider
3. Completion of a Community Service Log and certification by the participant

Notification: All residents and applicants for housing shall be notified in writing of the requirements to participate in Community Service and SelfSufficiency activities. A lease addenda stipulating the requirements in detail shall be executed with all households in tenancy and with all new move-ins.

Notification Tenants in Residency: To implement the requirement for the first fiscal year beginning 1/1/01 and after the Authority will publicized information about the requirement and hold information meetings. Each household will receive written notice explaining the requirements and instruction regarding compliance and penalty if they fail to comply. The notice will also advise residents of their right to a grievance hearing. After initial notification Residents will be provided notification for compliance in the annual re-certification process.

Applicant Notification: All applicants on the waiting list shall be notified of the new requirement for community service and selfsufficiency activities at the next application update and all future applicants shall be notified of the requirement at the time of application.

Exemption: The Authority will provide exemption status to any resident who request such status and who meets one of the following qualifications as defined in CFR Part 960.6

- 1) a person 62 years of age or older
- 2) a person with vision impairment
- 3) a person with disabilities, as defined under 216(i)(1) or 1614 of the Social Security Act (42 U.S.C. 16(I)(1): 1382 c) and who is unable to comply with this Section, or is a primary caretaker of such individual
- 4) Is engaged in work activities.
- 5) Meets the requirements for being exempted from having to engage in a work activity under the State program funded under part A of Title IV of the Social Security Act (42 U.S.C. 601 st seq.) or under another welfare program of the State in which the PHA is located, including a State-administered welfare-to-work program.
- 6) Is a member of a family receiving assistance, benefits or services under a State program funded under part A of title IV of the Social Security Act (42U.S.C. 601 st seq.) or under another welfare program of the State in which the PHA is located, including a State-administered welfare-to-work program, and has not been found by the State or other administering entity to be in noncompliance with such a program.

Request for exemption: A resident or applicant wishing to be exempted from the service requirement must make that request in writing by completing a request for exemption form. The resident may also be asked to provide verification of the information use to claim an exemption. The Authority will review the request for exemption and make a determination of the exemption status. The resident will be provided written notice of the determination of exempt status.

Reporting of changes in status: The resident (head of household) is responsible for reporting any change in status whether exempt or non-exempt between the annual re-examination. The Authority will process any report of change in status during the 12 month period between re-examination, issue an interim determination as to the exempt status of the resident and inform the resident of any compliance requirements that may be associated with the change.

Annual Re-examination and Compliance Monitoring: Approximately ninety (90) days and no less than sixty (60) days before the annual renewal date of the lease (annual re-examination) all non-exempt adult residents will be required to report and certify as to their compliance with the community service and self-sufficiency requirements under the lease. The Authority may require the resident to obtain third party verification of compliance.

Noncompliance: Failure of a resident to comply with the reporting requirements or failure of a resident to have completed the required service on schedule during the previous year (lease term) will result in the Authority refusal to renew the lease and a notice of termination and eviction shall be issued.

Remedy for Failure to Comply: A resident found to be in non-compliance the Authority may not renew the lease unless the following two conditions are met:

1. The head of household and any non compliant adult resident enter into a written agreement with the Authority in the form and manner required by the authority to cure such non compliance by completing the additional hours required over the 12 months of the new lease, and;
2. All other family members who are subject to the service requirement are currently complying with the service requirement or are no longer residing in the unit.

Right to Grievance: All resident shall have a right to a grievance hearing as a result of any action taken by the Authority relative to implementation of the community service and self-sufficiency requirements of CFR Part 960.6.

LEASE ADDENDUM COMMUNITY SERVICE AND SELF-SUFFICIENCY ACTIVITY REQUIREMENT

In 1998 the Congress passed the Quality Housing and Work Responsibility Act. This new law established requirements for community Service for residents of Public Housing. In accordance with that law the lease is amended as follows

Resident Responsibilities

Provide and cooperate with the PHA regarding verification of exempt or nonexempt status for community service and self-sufficiency requirement.

Report any changes regarding exempt or nonexempt status to PHA.

For all adult residents in public housing, except for those determined to be exempt, contribute 8 hours per month of community service or participate in a economic self sufficiency program for 8 hours per month or perform a combination of both for 8 hours per month. Activities **cannot** include political activities or be substituted for work ordinarily performed by PHA employees or replace a job at any location where residents perform activities to satisfy the service requirement (24CFR 960.603).

Provide PHA with information verifying compliance with service requirement including number of hours accomplished under activity. (This process will vary depending on PHA policy on administration.)

Family obligations under the lease. Residents are required under 24 CFR 960.607©to comply with the service requirement. This requirement extends to all adult residents in the household who are determined nonexempt from the requirement. The lease shall specify that it shall be renewed automatically for all purposes, unless the family fails to comply with the service requirement. Violation of the service requirement is grounds for non-renewal of the lease at the end of the 12-month lease term, but not for termination of tenancy during the course of the 12-month lease term (24 CFR 960.603).

If a tenant or another family member has violated the service requirement, **the PHA may not renew the lease upon expiration of the term unless:**

The tenant and any other noncompliance resident enter into a written agreement with the PHA, in the form and manner required by the PHA, to cure such noncompliance by completing the additional hours required over the 12-month term of the new lease, and

All other family members who are subject to the service requirement are currently complying with the service requirement or are no longer residing in the unit.

Exemption from the requirement. Persons who meet one of the following conditions may be exempted from the requirement:

- 1) a person 62 years of age or older

- 2) a person with vision impairment
- 3) a person with disabilities, as defined under 216(i)(1) or 1614 of the Social Security Act (42 U.S.C. 16(I)(1): 1382 c) and who is unable to comply with this Section, or is a primary caretaker of such individual
- 4) Is engaged in work activities.
- 5) Meets the requirements for being exempted from having to engage in a work activity under the State program funded under part A of Title IV of the Social Security Act (42 U.S.C. 601 st seq.) or under another welfare program of the State in which the PHA is located, including a State-administered welfare-to-work program.
- 6) If a member of a family receiving assistance, benefits or services under a State program funded under part A of title IV of the Social Security Act (42 U.S.C. 601 st seq.) or under another welfare program of the State in which the PHA is located, including a State-administered welfare-to-work program, and has not been found by the State or other administering entity to be in noncompliance with such a program.

Failure of the resident to comply with the terms of the Community Service and Self-Sufficiency requirements is a substantial default under the lease and will result in non renewal of the lease at the end of the lease term.

 Head of Household

 Date

 NWDHCD Staff

 Date

 Co-Head of Household

 Date

